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UNITED STATES DEPARTMENT OF AGRICULTURE
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FIRST PROGRESS REPORT OF HEALTH WORK IN RURAL DEVELOPMENT COUNTIES

The Rural Development Program had its origin just three years ago in President Eisenhower's January 1954 address to the Congress on agriculture. In essence, the objective of the program outlined was to help low-income farm families achieve a more productive and rewarding life. The Department of Agriculture, after thorough study, recommended a comprehensive program for accomplishing this aim. One of the Department's major recommendations was that levels of health, education, and family welfare be improved in depressed rural areas. The present report indicates the steps which have been taken thus far to implement this objective with respect to health. It is hoped that the information presented will be helpful, first, to those States yet to initiate health programs and, second, for planning and action where a program has already started.

Types and Levels of Participation

Several approaches to health study and planning have been used by the various Rural Development States and counties to embark on health improvement projects. These are reviewed below along with related information pertinent to planning groups.

1. Representation on State Committee from a Health Department or Agency.- A total of 16 States have formally recognized the need for advice and counsel on health problems by appointing one or more persons in health

work to the State Rural Development Committee. It is significant that only one State without such a representative on its Committee reported any type of health work.

2. Appointment of State Subcommittees on Health.- To date, eight States have appointed subcommittees on health. These subcommittees are variously identified as "Health", "Health and Welfare", "Health and Recreation", and "Education, Health, and Welfare" committees. Whatever their designation, they are primarily charged with the study and solution of health problems in low-income areas in their respective States. The importance of subcommittees is indicated by the fact that all States with such committees reported health work, both accomplished and under way.

3. Planning and Execution of Health Studies and Surveys.- Eight States have health surveys or studies in process or completed, and five States are planning to start one or the other in the near future. Several States have plans for two or more studies. These studies are of the fact-finding type for the most part, and the information obtained has been quite helpful to planners.

4. Cooperation Between State and County Agencies.- The stress placed on cooperation between State and county officials and agencies in the State Rural Development reports to date indicates that teamwork of this type is most desirable. Organizations such as the various public and private health agencies, vocational rehabilitation departments, medical, dental, and nursing associations, hospital groups, and others have a definite contribution to make.

For example, the State Board of Health of Indiana has gone so far as

to make "consultant help available to the extent demanded ---". In Arkansas, the county committees have been advised that the State Health Department will assist in health surveys in pilot counties. The State Commission for the Blind, the Division of Vocational Rehabilitation, and the Department of Health, Education, and Welfare have all pledged their support in helping out with health problems in Texas.

The Nature of Health Problems Encountered

The reports which have been received from the States make clear that health problems in low-income areas are numerous and diverse. Those receiving special mention are outlined below:

1. Inadequate Diet and Low Nutritional Levels.- Almost every State noted health problems stemming from inadequate or insufficient diet. Concern was manifested for school lunch programs as well as for food available at home. The magnitude of the problem in certain places is shown by the estimate of Macon County, Tennessee, health workers that less than 10 percent of the rural families in the county have an adequate diet. One would, of course, expect serious problems of this nature in low-income areas.

2. Poor Sanitation.- Sanitation is apparently at a low level in most Rural Development counties. Problems which were mentioned repeatedly included: Little or no attention to sewage disposal, inadequate facilities for checking and enforcing regulations regarding water supplies and other sanitation services, poor or no garbage disposal, and inadequate sanitation measures in homes and public places.

3. Inadequate Medical and Hospital Facilities.- Perhaps the most

stressed health need in the rural areas under study is for medical and hospital facilities. A quotation from the Ohio report is representative. In speaking of Monroe County, the report states, "There is no hospital in the county, only a part-time health department, no full-time dentist, and an inadequate supply of doctors, whose age average is over 60 years."

4. A Low Level of Health Education.- Health is a matter of hygienic practice in the light of proper knowledge. There is no doubt, from the plans for programs being made by officials in Rural Development counties, that the level of health education is extremely low. This situation compounds the problems of public health persons, as there is no motivation among the populace to avail themselves of inoculations and other services available.

The Implementation of Health Programs

Despite the newness of the Rural Development Program, some States have already reported substantial progress in health care among their low-income families. Tennessee stands out in this regard -- and is worthy of special citation. The Rural Development county reports from that State indicate that Grainger County appropriated $14,400 as its share of a $60,000 health clinic to be built under provisions of the Hill-Burton Act; that a "safe and adequate water supply" for the county seat of Rutledge was financed through the issue of bonds; that the Hardin County Health Department doubled inoculations for all kinds of diseases, made 1,120 X-rays during the year, vaccinated 521 dogs against rabies, made surveys of four communities (working with the Agricultural Extension Service) to check sanitary conditions;

and, as a result of these surveys, built 35 pit privies, placed buildings over 35 water supplies, tested 31 water samples, screened 43 buildings, promoted 100 percent gardens for all rural families, and made many other health improvements.

The statement of Tennessee's accomplishments shows some of the work that has been done thus far to implement the Rural Development Program. These and other activities may be listed, for clarity, under the following general headings:

1. Hospitals Have Been Planned and Built.- The example of Grainger County, Tennessee, in raising funds to build a clinic under the Hill-Burton Act has already been mentioned. Other State reports indicate a cognizance of the need for such a facility and give evidence that a move will be made in that direction.

2. Voluntary Health Insurance Promotion Is Being Planned.- In order to insure that low-income families make use of the available hospital facilities, plans have been made in Hardin County, Tennessee, to encourage group enrollment of low-income farmers and nonfarm workers in voluntary health insurance programs, a plan that would seem to be worthy of consideration by others.

3. Inventory of Community Needs Have Been Taken.- The community surveys and studies that had been made and planned have been noted in the first section of this report. Such means have been used by several States to provide a sound basis for action programs.

4. Sanitation Facilities and Services Are Being Provided.- Certain counties in some States have moved ahead with the building of pit privies,

the testing and protection of water supplies, vaccinations, screening, and other action of a similar nature. The Hardin County, Tennessee, work reported above is one of the outstanding examples of this type program.

5. Health Legislation Has Been Promoted.- In at least one place, Monroe County, Ohio, legislation governing water, sewage, and septic tanks has been adopted as a result of the activity of the health committee and sanitary engineer.

6. Nutrition Programs Have Been Started.- In certain areas home gardens have been promoted by Rural Development Committees. Other nutrition programs include planning for school breakfast and lunch programs.

7. Health Education Programs Have Been Set as a Goal.- Most Rural Development Committees have health education programs as part of their long-range plans. In Tennessee, for example, it is planned to have school children study the causes and effects of malnutrition and communicable diseases.

This progress report represents a brief account of health work in Rural Development States and counties. The report cannot claim to be exhaustive because of its nature as a summary, and because some work has no doubt been done since the last reports of the States were released. There is ample evidence that much work in health has been done, however, and there is no doubt that the objectives of the Rural Development Program have been substantially advanced.

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